

Submit 3 Copies To Appropriate District Office
 District I
 1625 N French Dr. Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 & St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 May 27, 2004

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 2008 MAY 12 PM 1:45



DWELL API NO. 30 015 02541	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Artesia Unit	
8. Well Number 46	
9. OGRID Number 184860	
10. Pool name or Wildcat Artesia; queen-Gray-SA 3230	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Melrose Operating Company	
3. Address of Operator C/o P.O. Box 953, Midland, TX 79702	
4. Well Location Unit Letter <u>F</u> <u>2310'</u> feet from the North <u>line</u> and <u>2267'</u> feet from the West <u>line</u> Section <u>3</u> Township <u>18S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DI~ RKB, RT GR, etc) 3602' GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ Inil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Squeeze upper perforations <input checked="" type="checkbox"/>	
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

NMOCD R-11720-A.
 3-26-08: MIRU, release packer and TOH w/plastic coated tubing.
 3-27-08: Set RBP @ 1940' & test to 1000 psi-held. Dumped 2 sx sand on RBP. TOH to 1746', set packer. Pumped down tubing 2 1/2 bbls per minute @ 1000 psi. Released packer & POH, RIH w/retainer to 1746' & set.
 3-28-08: Halliburton pumped 100 sx Cl C w/3% CaCl @ 14.8#, 2 bbl wtr spacer pumped 500 gals flowchek; pumped 200 sx Cl C cement w/3% CaCl at 14.8#/gal. Pressured up to 2300 psi, fell back to 1000 psi. Stig out of tool, reverse out, recovered 1/2 bbl cement to pit. TOH w/tubing.
 3-31-08: GIH w/4 3/4" bit mill; tag cement @ 1734', drill on retainer @ 1746'. Circulated hole.
 4-1-08: Tag top cement 1746', pick up swivel, drilling on retainer to 1866'. Closed BOP pressured up on csg to 500#-pressure held 24 hrs.
 4-2-08: Latched onto RBP, POH. Ran plastic coated 2 3/8" tubing w/ AD-1 packer to 1875'. Top perforation @ 1946'.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines a general permit or an (attached) alternative OCD-approved plan

SIGNATURE: [Signature] TITLE: Regulatory Agent DATE: 4-14-08

Type or print name Ann E. Ritchie E-mail address: ann.ritchie@wtor.net Telephone No. 432 684-6381
 For State Use Onlv

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

Accepted for record - NMOCD